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Key informant interviews with coordinators of special events conducted to increase cancer screening in the United States

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Abstract

Special events such as health fairs, cultural festivals and charity runs are commonly employed in the community to increase cancer screening; however, little is known about their effectiveness. The purpose of this study is to assess the activities, screening outcomes, barriers and recommendations of special events to increase breast, cervical and colorectal cancer screening. In-depth interviews were conducted nationally with 51 coordinators of events in June to September 2012. Health fairs and screening days were the most common events conducted, primarily for breast cancer education. Goals were to increase awareness of cancer screening and reach special populations. Evidence-based Community Guide strategies to increase cancer screening employed were: small media, reducing structural barriers, one-on-one education or group education. For each event that provided screening on-site or through referral, a mean of 35 breast, 28 cervical and 19 colorectal cancer screenings were reported. Coordinators made recommendations for further evaluation of special events, and most plan to conduct another special event. These data are novel and provide baseline documentation of activities and recommendations for a commonly used community-based cancer screening intervention that lacks evidence of effectiveness. Additional research to better understand the use of special events for increasing cancer screening is warranted.

Introduction

The advent and widespread use of screening tests as recommended by the US Preventive Services Task Force for breast, cervical and colorectal cancers have contributed to an increase in the rates of early detection of cancer, and improvements in cancer mortality rates over the past 20 years [1]. However, rates of cancer screening remain below Healthy People 2020 targets and disproportionate among certain subpopulations [2, 3]. The Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System data

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Conflict of interest statement

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from 2008 estimated that ~38% of age-eligible adults were not adherent to recommended colorectal cancer screening guidelines, and 19 and 22% of age-eligible women were not adherent to breast and cervical cancer screening, respectively [2]. Minority groups, those without usual source of care, or un-or underinsured also have reported lower screening rates [3].

The Guide to Community Preventive Services (The Community Guide, www.thecommunityguide.org) offers evidence-based strategies to increase uptake of cancer screening. Strategies for increasing breast, cervical and colorectal cancer screening include provider assessment and feedback, client reminders, one-on-one education and small media [1]. One or more of these intervention strategies are often used during a special event for cancer screening, yet special events have not been evaluated for individual intervention effectiveness [4, 5]. Special events are commonly defined as community cultural events, charity walks/runs, receptions or parties, pow-wows and health fairs. They are routinely conducted by state health departments, community-based organizations (CBOs) and other health or clinical agencies as an avenue for health promotion activities in their communities. Special events can serve several functions, including: (i) raising awareness and providing information regarding health topics, (ii) providing referrals to clinical preventive services in the community, (iii) fostering partnerships among community organizations and (iv) offering training opportunities for nursing, medical, health education or public health students [6–8].

As little is known about the effectiveness or core components of special events, a systematic literature review was conducted [9]. The review identified 10 peer-review articles profiling five types of special events used for increasing awareness and screening of breast, cervical and colorectal cancer: health fairs, parties, cultural events, special days and plays [10–19]. These events provided on-site screening services, offered one-on-one or group education and/or distributed educational materials. Often, vulnerable populations, such as the un- or underinsured, were targeted. Because of the small sample and descriptive nature of the studies, the results of the review were limited and left many questions unanswered.

Due to the dearth of evidence [9], and the popularity of special events as a recruitment strategy among National Breast and Cervical Cancer Early Detection Program (NBCCEDP) coordinators [20], evaluation of the efficacy of special events as a strategy for increasing uptake of cancer screening is critical. Additionally, evaluation could elucidate the qualitative parameters of practice-based evidence which make special events so widespread, and provide additional information for the allocation of scarce funds towards improving cancer screening uptake. To address the evidence gap and answer these important practice-based questions, a larger study was undertaken to explore the goals, delivery and outcomes of special events. The purpose of this article is to present the activities and screening outcomes of special events for cancer screening and report barriers and recommendations for implementation of these events through a cross-sectional interview of special event coordinators.

Methods

A seven-member Advisory Committee consisting of cancer researchers and practitioners from the CDC, Division of Cancer Prevention and Control (DCPC), and the Cancer Prevention and Control Research Network (CPCRN) [21] was formed to guide the process of this research study. The committee was integral in developing the key informant interview guide and recruiting participants for this study. All procedures and protocols were approved by CDC and Emory University Institutional Review Boards.

The study was cross-sectional in design. The key informant interview guide included 72 questions, divided into six sections: (i) general special event information (event type, timeframe, location, frequency of event, host agency, source of funding, additional outreach); (ii) goals, recruitment and participant demographics; (iii) activities and delivery (implementation steps, community-guide strategies used, follow-up, services provided, educational materials, costs, partners); (iv) results (screening outcomes, process data); (v) benefits, barriers, recommendations; and (vi) demographics of the coordinator. The topics and questions included in the key informant interview guide were informed by the results of the systematic review [9].

Participants were recruited in June 2012 using purposive sampling. To be eligible to participate in the study, participants must have coordinated a special event (defined for the study as a community event for health education or cancer screening promotion) to increase breast, cervical and/or colorectal cancer screening within the previous 2 years. We recruited 51 special event coordinators through the CDC's NBCCEDP, Colorectal Cancer Control Program (CRCCP) and National Comprehensive Cancer Control Program (NCCCP), CPCRN, AVON Foundation, and local Susan G. Komen affiliates. Nineteen of the 51 coordinators were identified through snowball sampling. Each special event coordinator reported on only one event.

Prior to the interview, participants were e-mailed a copy of the informed consent and interview guide. All participants were interviewed over the telephone by a study coordinator. At the start of each interview, the interviewer read participants the consent form and asked for verbal consent to participate in the research study and to have their interview recorded. On average, interviews lasted just <1 h. In addition to an audio recording, the interviewer took written notes during the interview. After an interview, recordings were reviewed to ensure data completeness, with follow-up via e-mail to collect additional information, if necessary.

An SPSS version 19.0 database was created for analysis of quantitative and short answer questions [22]. Analysis consisted of descriptive statistics to examine special event type and cost data. Independent samples *t*-tests were run to assess differences in breast and cervical cancer screening between those events that offered and did not offer on-site screening. Qualitative data from open-ended questions were entered into Microsoft Excel for analysis. A codebook was developed by the co-authors by reviewing the responses and creating major themes. Two co-authors independently coded the responses according to major themes, and the event implementation steps were categorized according to the Community Guide

strategies to increase cancer screening [1]. Any discrepancies in coding were corrected by a third reviewer. All results are descriptive.

Results

Special event coordinator demographics

Fifty-one special event coordinators agreed to participate in this study reporting on 51 separate special events. They were almost exclusively female (98%) working in urban (64.7%), and rural (25.5%) areas. More than three-quarters had obtained a college degree (78.4%), and had worked an average of 9.3 years in their current position, many as a program coordinator, program manager or program director (54.9%), or Promotora or patient navigator (PN) (13.7%). Participants had extensive experience conducting special events; however, less than one-fifth (14%) have ever disseminated information from their special event in a formal presentation or research article (data not presented in a table).

Characteristics of the special events

Health fairs (27.5%) and screening days (19.6%) were the most common types of special events conducted, and were sampled across all regions of the US [Midwest (31.4%), Northeast (29.4%), West (21.6%) and South (17.6%)]. Special events primarily focused on breast cancer (45.1%), or a combination of breast, cervical and colorectal cancer (33.4%). In addition, 10 events offered clinical breast exam, 5 events offered a pelvic exam and 1 event offered prostate specific antigen (PSA) testing (data not presented in table). Common goals for the special events reported by the coordinators included cancer screening awareness (43.1%), and reaching special or vulnerable populations (31.4%). The underserved or uninsured (43.1%) were commonly targeted when planning the special event. The size of the events sampled ranged between 15 and 2000 participants (mean = 327.6; SD = 457.5). Most of the events (80.4%) were reoccurring. Host organizations, responsible for planning and identifying the location of the event, included CBOs (54.9%), a hospital or clinic (49.0%) or a public health agency (21.6%) (Table I). Recruitment for these events occurred most frequently in the community (84.3%), by word of mouth (60.8%), through partnering agencies (60.8%), the internet (60.8%) and newspapers or magazines (54.9%). Recruitment in the community referred to promotion through community organizations through advertisement, announcements or print materials, while word of mouth was primarily through promotion through individuals. These recruitment strategies may have overlapped. Special events were commonly located in hospitals or clinics (31.4%) or CBOs (21.6%), such as local/regional American Cancer Society, Komen or Avon Foundation offices, and cancer coalitions. Special events coordinators reported organizing the special events because they had been previously successful (41.2%), have the potential to reach a large portion of the population (41.2%) and had a perceived need in the community (17.6%). Thirteen events used a theory, model or framework to develop the special event activities (25.5%) (data not presented in a table). These theories included the social cognitive theory, health belief model, theory of planned behavior and patient navigation.

Most special events participants were female (mean 88.8%). Twenty-four events collected data on participants' race or ethnicity (47.0%). Of those, three-quarters primarily served one

racial/ethnic group, including six events for American Indians; six for African Americans; and three events for Hispanics (data not included in a table).

Support and partnerships for special event implementation

Most of the events received in-kind contributions (non-monetary gifts) (90.2%), including materials and giveaways (47.1%), and staff-time and resources (43.1%). Forty-one special event host organizations (80.4%) partnered with state and local organizations, sometimes more than one, to implement their special events. Event partners included CBOs (80.5%), hospitals or clinics (68.3%), academic institutions (26.8%), government agencies (26.8%), religious institutions (19.5%) and public health agencies (19.5%). Partners often provided educational materials, giveaways or incentives (58.8%), staff or volunteers (48.8%), media spots for advertising and recruitment (46.3%), facilities or venues for events (26.8%), medical services (24.4%) and funding (17.1%) (Table II).

Special event activities and cancer screening outcomes

During the special event, 96% of the events employed Community Guide strategies, including small media (96.1%), reducing structural barriers or obstacles that impede screening (e.g. distance to clinic, no translation services, administrative burdens) (82.4%), one-on-one (82.4%) or group education (66.7%) and reducing out-of-pocket costs (60.8%). Presentations or lectures (68.6%), provision of a meal/snack (52.9%) and screening or referrals to screening (47.1%) were also reported. Over half of special event coordinators (58.8%) from events that offered screening or referrals reported following up with participants to ensure screening or discuss test results, and of all 51 events, 36 (70.6%) utilized PNs or community health workers (CHWs) to facilitate scheduling, and follow-up for cancer screening tests (Table III).

Forty-one percent of events provided on-site cancer screening services. Mammograms for breast cancer screening (35.3% of all events) were the most common cancer screening test provided on-site, followed by fecal occult blood test/fecal immunochemical test (FOBT/FIT) tests for colorectal cancer screening (13.7% of all events) and Papanicolaou (Pap) tests for cervical cancer screening (11.8% of all events). Seven sites reported distributing FOBT/FIT kits and most followed up with participants about the test. Special events that resulted in screenings for breast cancer, either on-site or through a referral (n = 25), yielded an average of 34.7 screenings per event, with some events screening as many as 95 women. Of the 12 events that provided cervical cancer screening either on-site or through referral, an average of 28.3 women was screened per event with most events screening 21 women. An average of 19 participants was screened for colorectal cancer per event through the 10 special events that provided on-site screening or referrals, with events screening anywhere between 2 and 98 participants (Table IV). Of the 40 events focusing on breast cancer education, 18 provided on-site screening (45%). Significantly more women received mammograms from events that offered on-site screening than those that did not (37.4 versus 7.8 women, P <0001). Of the 17 events focusing on cervical cancer education, 6 offered on-site screening (35.3%). Similarly, significantly more women were screened for cervical cancer from events that offered on-site screening than those that did not (37.7 versus 3.5, P = 0.04). Of the 34

events with on-site referrals, 21 (61.8%) follow-up with participants about testing or abnormal test results.

When patients were referred for screening, it was to specific facilities or medical practices (45.1%), local health departments (15.7%) and individual nurse practitioners or other allied health professionals (9.8%). Health fairs and screening days yielded the most cancer screenings over other types of events. With the exception of one event, all events that included screening also followed up with participants to provide test results and address any abnormal results. All of the events that provided screening services fully covered the cost of screening. Twenty-eight events (54.9%) collected participant screening data history and 27 events (52.4%) collected knowledge about cancer, demographics, screening history, and cancer awareness (data not presented in a table). Almost all events (n = 49) collected some process data, the most common measures were attendance, number of booths, partners, referrals made, materials distributed and satisfaction.

Special event costs

Exact costs were tracked by 39 events (76.5%) of which 30 provided an estimate of total costs. Most event coordinators (86.3%) reported using external funds. External resources included materials and staff for the implementation of the event. The average cost of a special event was $8035, ranging between $0 and $58 000. Four events reported costs over $20 000. Special events that provided cancer screening on-site reported the highest mean cost, followed by health fairs (data not presented in a table). Screening costs were covered for 23 of the 51 events described, all of which were a result of partnering with clinical organizations.

Strengths and barriers of special events and recommendations for implementation

Most programs considered their special events to be successful (90.2%) and perceived increased in population awareness around cancer and cancer screenings (64.5%), and improved community relationships (35.4%). These perceptions were often subjective but some were probably based on process data collected such as attendance and satisfaction. Commonly reported barriers were related to administration (40%) and insufficient funding (30%), trouble recruiting participants (20%), limited staffing to plan and run events (18%), low participation (10%), trouble identifying a convenient location for the event (10%) and difficulties with transportation of participants to and from events (10%). Coordinators made recommendations for evaluating the event (29.4%), planning early (19.6%), tailoring the event to the target population (21.6%) and using best practices (19.6%). Despite these challenges, the majority of participants (88.2%) plan to conduct a special event in the future (data not presented in a table).

Discussion

This study aims to increase understanding of special events used to increase cancer screening in the United States by collecting data on implementation and costs from special events coordinators. We found the types of special events were varied, however health fairs,

screening days or receptions were the most common, congruent with findings from Escoffery *et al*. [9].

Our study identified common goals of special events, which include increasing cancer screening awareness, reaching special or vulnerable populations, and underserved or uninsured populations are often a reported target group. An advantage of these events occurring in various community and clinical settings is the increased exposure among targeted populations to cancer prevention activities and the potential to reduce barriers to care. Given the large population of uninsured in the United States, and the lack of universal health coverage, special events, especially those that incorporate on-site screening or referrals for screening may address this need. Earlier research has shown that frequently health fair participants are not up-to-date with recommended preventive screenings [23], and that health fairs and festivals have been used to reach need populations for cancer education and screening [14, 17, 24].

A recent Institute of Medicine report calls for better integration of public health and primary care to address population health issues [25]. Many host agencies of the special events were CBOs, hospitals and clinics. Special events may offer a leverage point for these linkages if clinical systems are involved. Special event coordinators also reported that partnering organizations often provided incentives, funds to promote the event or staffing during the events, highlighting collaboration as a key element of special events and an opportunity for cancer coalitions and partners to increase community exposure and to meet shared goals [24].

Community Guide strategies commonly employed include small media, one-on-one education, group education and reducing structural barriers, and are consistent with a previous systematic review [9]. Based on the Community Preventive Services Task Force description, special events would be considered a multi-component intervention; therefore, further exploration is needed to determine which combination of these components yields increased knowledge or receipt of screening tests for cancers. Rigorous evaluation of a particular special event could help identify which components of the multi-component intervention have greatest effect [26].

We found that participating in special events can lead to cancer screening, but the numbers screened by cancer type, as well as by event type varied; health fairs and screening days yielded higher screening rates compared with other event types. Screening during event was higher for breast and colorectal cancer in our study. This may be explained by mobile vans for mammography located on-site can facilitate easier access to breast cancer screening, and the fact that only FOBT/FIT kits were distributed at events for colorectal cancer screening. Colonoscopy and sigmoidnoscopy were not offered in these events, as they are not possible to deliver outside of clinical setting. In the future, special events for colorectal cancer may continue to consider FIT tests for on-site screening, supplemented with education about other colorectal cancer screening modalities, an option which documented in previous events [12, 14, 17].

We found that just more than half of coordinators reported collecting some type of screening data or tracking and reported total costs of the events. Incorporating standardized screening and cost data collection tools, and evaluation methods would build practice-based understanding of the effectiveness and cost-benefit of special events. Participant screening history and family history were collected by a very small percentage of coordinators, and these data may be useful to health educators in special events settings for discussing risk and recommendations for cancer screening (e.g. age to begin screening, test and interval of test). Events that offer on-site screening or referral should assess participant screening history on-site, or link with a health system so personal and family history to determine evidence-based screening options. In addition, we found that most of the events employed PNs or CHWs. This service can assist health systems with contacting participants for education and test follow-up (e.g. completed screening, abnormal testing requiring follow-up) and keeping them connected to health care.

These data are novel and provide baseline documentation, but generate additional research questions to better understand the use of special events for cancer screening, such as what are the contributing factors that lead to increased screening at particular types of events, and does it hold true for other cancer types beyond breast, cervical and colorectal cancer? How effective are special events for prevention of other chronic diseases? The benefits of these events may be greater in terms of provision of care and education for populations who do not have a regular medical home. Researchers and practitioners have recommended further research to understand the benefit, effectiveness and cost of these types of special events [4, 5]. The final phase of our study is to conduct evaluations of seven health fairs, which may contribute to that understanding.

Implications for practice

As data on special events are not routinely or systematically collected, special events coordinators are additionally critical to the successful outcomes of these events. With no roadmap or evidence-based template, coordinators may especially benefit from learning how other programs implement and evaluate these events. However, as our systematic review suggests [9], and our interviews confirm, approximately half of coordinators collected evaluation or cost data, and very few have the capacity to disseminate processes and outcomes from special events conducted in their community. As partnerships are essential to implementation of these special events through the sharing of resources, community-academic partnerships may benefit the field as a way to collect best practices and build the evidence [27], especially as most of these events were recurring.

For CDC-funded cancer prevention and control programs (NBCCEDP, CRCCP and NCCCP) reaching the under- and uninsured, and the rarely or never screened population is central to their mission (10 of the 51 events were hosted by CDC grantees). For NBCCEDP and CRCCP grantees, CDC emphasizes comprehensive program planning for public education and targeted outreach. This means applying data to the planning process, prioritizing target audiences, setting goals, selecting appropriate intervention strategies and considering resources. Special events provide an opportunity to increase cancer screening among the medically underserved and to also expand health insurance enrollment under the

Affordable Care Act. As such, outreach and recruitment is critical and should be carried out by trusted community members, such as CHWs or PNs. CHWs and PNs can also follow-up with participants to ensure completion of screening, linkage with medical systems or referral to health care services to maximize screening outcomes. The NBCCEDP and CRCCP currently use CHWs and PNs for outreach and screening enrollment.

Programs cannot ignore the cost-effectiveness of their recruitment and outreach decisions. Historically programs may have the popularity of a previous event in the community or partnership development to drive special event planning. Federally funded programs, however, should use evidence-based interventions for outreach and health promotion.

Limitations

Many of these limitations to this study can be attributed to how little is documented regarding this field of study. These data must account for the lack of established definitions and standards for the types of special events (health fair; cultural event/festival; charity run/walk; reception/party/special dinner/gala; special day/week; contest; play; art/photography exhibit) this study sought to capture. Limitations in methods were not unusual for this type of exploratory study. All responses were based on self-report and therefore subject to recall bias. Data are not representative of all types of events, although we attempted to sample across different types and different regions of the United States. In addition, cancer screening was based on self-report of the coordinators and not medically verified for follow-up screening after the event.

Conclusion

For the value of special events to be fully realized in increasing cancer screening, longer term evaluation is recommended. Based on the results of this study, further research should focus on increasing the knowledge about use of special events for specific cancers and audiences, and how to combine strategies for greater effect. Although this study does not yield conclusive results as to the effectiveness of special events for cancer screening, it does document current practices that can be used to determine future utility of special events, and serve as a base for future research.

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Table I

Description of special events (n = 51)

	n	%
Type		
Health fair[a]	14	27.5
Screening day[b]	10	19.6
Reception/party/special dinner/gala[c]	7	13.7
Cultural event/festival[d]	5	9.8
Other[e]	15	29.4
Cancer focus		
Breast	23	45.1
Colorectal	11	21.6
Breast, cervical and colorectal	11	21.6
Breast and cervical	6	11.8
Goals		
Increase cancer/cancer screening awareness	22	43.1
Reach special or vulnerable populations	16	31.4
Address access barriers	12	23.5
Enroll participant	11	21.6
Increase knowledge	10	19.6
Target population		
Screening-eligible	10	19.6
Underserved or uninsured	22	43.1
Attendance	49	96.1
Mean (SD)	327.6 (457.5)	—
Range (median)	15–2000 (150.0)	—
Occurrence		
Single event	10	19.6
Reoccurring event	41	80.4
Host organization agency type[f]		
Community-based/Non-profit	28	54.9
Hospital or clinic	25	49.0
Public health	11	21.6
Tribe or tribal	6	11.8
Academic	6	11.8
CDC (NCCCP, NBCCEDP and CRCCP)	10	19.6
Other	5	9.8
Participant recruitment strategies		
In the community (e.g. community organizations)	43	84.3
Word of mouth through individuals	31	60.8
Agencies	31	60.8

	n	%
Internet	31	60.8
Newspapers or magazines	28	54.9
Location		
Hospital or clinic	16	31.4
Community-based organizations	11	21.6
Outdoor venue	7	13.7
School	6	11.8
Religious institution	6	11.8
Hotel	3	5.9

CDC, Centers for Disease Control and Prevention; NBCCEDP, National Breast and Cervical Cancer Early Detection Program; NCCCP, National Comprehensive Cancer Control Program; CRCCP, Colorectal Cancer Control Program.

[a]Community event with education and booths or stations.

[b]Community event focused on education and has screening offered.

[c]Social event for groups with education.

[d]Community event that focuses on collective culture.

[e]Other special events include charity walk/run, special day/week, art/photography exhibit.

[f]Host agency is defined as an agency that provides the invitation to the event and is often but not always the location in which the events takes place; the agency that was leading the implementation; not mutually exclusive; the respondent could select all that apply.

Table II

Support and partnerships for special event implementation

	n	%
Received in-kind contributions	**46**	**90.2**
Types of in-kind contributions		
Materials and giveaways	24	47.1
Staff time/resources	22	43.1
Facility/location	11	21.6
Food	11	21.6
Money	4	7.8
Advertising	4	7.8
Screening/mobile units	2	3.9
Partnered with other organizations[a]	**41**	**80.4**
Types of partner organizations		
Community-based/non-profit	33	80.5
Hospital or clinic	28	68.3
Academic	11	26.8
Faith-based	8	19.5
Government	11	26.8
Public health	8	19.5
For-profit	8	19.5
Tribe or tribal	6	14.6
Other	9	21.9
Partner donations		
Materials, giveaways or incentives	24	58.5
Staff or volunteers	20	48.8
Media recruitment or sponsorship	19	46.3
Facility/venue	11	26.8
Medical services	10	24.4
Funding	7	17.1

[a]Respondents could select all that apply; not mutually exclusive.

Table III

Pre-, during-, and post-special event implementation activities (n = 51)

	n	%
Pre-event activities		
Planning/logistics	49	96.1
Work with partners	22	43.1
Participant recruitment	21	41.2
Obtain funding/sponsors	9	17.6
During-event activities		
Community guide-reviewed interventions[a]		
Small media[b]	49	96.1
One-on-one education[c]	42	82.4
Reducing structural barriers[d]	42	82.4
Group education[e]	34	66.7
Reducing out-of-pocket costs[e]	31	60.8
Client reminders[c]	13	25.5
Client incentives[f]	10	19.6
Mass media[f]	6	11.8
General		
Presentation/lecture	35	68.6
Meal/snack	27	52.9
Screening and/or referral	24	47.1
Booths/fair	23	45.1
Giveaway/raffle	21	41.2
Media/entertainment	17	33.3
Post-event activities		
Follow-up with participants	30	58.8
Follow-up meeting	14	27.5
Collect/analyse data/prepare reports	7	13.7
PNs/CHWs to facilitate follow-up	36	70.6

[a] Based on Ref. [1].

[b] Effectiveness of small media not included in Sabatino, et al review. Sufficient evidence for breast, cervical, and colorectal cancer screening established in 2005. However, per Sabatino *et al.* [1], one-on-one education may be accompanied by a small media or a client reminder component.

[c] Recommended for breast, cervical and colorectal cancer screening.

[d] Recommended for breast and colorectal cancer screening; insufficient evidence for cervical cancer screening.

[e] Recommended for breast cancer screening; insufficient evidence for cervical and colorectal cancer screening.

[f] Insufficient evidence for breast, cervical and colorectal cancer screening.

Table IV

Cancer screening outcomes of special events (n = 51)

	Events providing on-site screening (*n* = 21; 41.2%)		Events referring for screening[a] (*n* = 34; 66.7%)		Total screenings (per event)			
Cancer type (cancer screening test)	***n***	**%**	***n***	**%**	**Mean**	**SD**	**Median**	**Range**
Breast (Mammogram)	18	35.3	25	49.0	34.7	23.8	26.0	2–95
Cervical (Pap test)	6	11.8	12	23.5	28.3	15.0	21.0	2–90
Colorectal (FOBT/FIT distribution)	7	13.7	10	19.6	18.8	28.8	10.5	2–98

SD, standard deviation; Pap, Papanicolaou test; FOBT, fecal occult blood test; FIT, fecal immunochemical test.

[a]Events also include those that offer on-site screen.